

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214525832						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AGC Flat Glass North America, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2014</p> <p>SCC ID NO: F1551045</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>500,000</td> </tr> <tr> <td>PREFER</td> <td>400,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	500,000	PREFER	400,000
CLASS	AUTHORIZED							
COMMON	500,000							
PREFER	400,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 11175 CICERO DR STE 400</p> <p style="text-align: center;">CITY/ST/ZIP: ALPHARETTA, GA 30022</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: YASU HARU TAKADA TITLE: P/CEO ADDRESS: 11175 CICERO DR STE 400 CITY/ST/ZIP/CO: ALPHARETTA, GA 30022 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: YASU HARU TAKADA TITLE: P/CEO ADDRESS: 11175 CICERO DR STE 400 CITY/ST/ZIP/CO: ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MASAHIRO TAKEDA TITLE: PRESIDENT ADDRESS: 11175 CICERO DRIVE SUITE 400 CITY/ST/ZIP/CO: ALPHARETTA, GA 30022 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: MASAHIRO TAKEDA TITLE: PRESIDENT ADDRESS: 11175 CICERO DRIVE SUITE 400 CITY/ST/ZIP/CO: ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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NAME:	MATTHEW FOLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11175 CICERO DRIVE		
CITY/ST/ZIP/CO:	SUITE 400 ALPHARETTA, GA 30022		
NAME:	SINICHI MINAGAWA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11175 CICERO DRIVE		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
NAME:	KAZUHIRO SAKO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11175 CICERO DRIVE		
CITY/ST/ZIP/CO:	SUITE 400 ALPHARETTA, GA 30022		
NAME:	ALBERTO TREVINO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2300 LITTON LANE		
CITY/ST/ZIP/CO:	HEBRON, KY 41048		
NAME:	TARO UCHIYAMA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, AGC ELEC		
ADDRESS:	4375 NW 235TH AVENUE		
CITY/ST/ZIP/CO:	HILLSBORO, OR 97124		
NAME:	KAZUHIRO SAKO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11175 CICERO DRIVE		
CITY/ST/ZIP/CO:	SUITE 400 ALPHARETTA, GA 30022		
NAME:	KELLY LAWLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF TAX OFFIC		
ADDRESS:	11175 CICERO DRIVE		
CITY/ST/ZIP/CO:	SUITE 400 ALPHARETTA, GA 30022		
NAME:	YOSHIAKI TAMURA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 11175 CICERO DRIVE		
CITY/ST/ZIP/CO:	SUITE 400 ALPHARETTA, GA 30022		
NAME:	TADAYUKI OI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 11175 CICERO DRIVE		
CITY/ST/ZIP/CO:	SUITE 400 ALPHARETTA, GA 30022		
NAME:	KEI YONAMOTO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	11175 CICERO DR STE 400		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ CHRISTOPHER F. CORRENTI</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHRISTOPHER F. CORRENTI, VP/S/GEN COUN</u> PRINTED NAME AND CORPORATE TITLE	<u>5/19/2014</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		